

St Andrew's House

# St Andrews House

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

# Summary of findings

## Overall summary

About the service: St Andrews House provides accommodation and personal care for up to 35 older people. At the time of our visit 31 people lived at the home. Accommodation is provided across four floors in an adapted building. The provider is a registered charity run by a board of eight volunteer Trustees. The home works within a Christian ethos.

People's experience of using this service:

The service did not have a registered manager. The previous manager had retired in September 2019 and a new manager had been appointed. The new manager was not available during our inspection and following our visits we were notified they no longer worked at the service. The provider's lack of oversight, knowledge and understanding of legislative requirements meant previously demonstrated standards and regulatory compliance had not been maintained. Effective systems were not in place to provide management support to senior staff or to identify service shortfalls, and to drive improvement. The provider's policies and procedures were not fit for purpose. People and relatives felt they had not been consulted about changes made to the service and these had not been effectively communicated to staff.

Staff understood their responsibility to keep people safe. However, individual and environmental risk was not always identified, assessed and well-managed. This demonstrated lessons had not been learnt. Some areas of medicine management required improvement. Action was taken to address this. People's needs were not always met in a timely manner. Despite our findings people told us they felt safe.

Staff were recruited safely. However, staff had not received the support and guidance they needed to fulfil their roles. Records indicated some staff had not completed an induction and staff training was not up to date. People were not supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

People received care and support from staff who were caring, respectful and kind. However, people told us recently staff were not available at the times they needed them. People's privacy and dignity was upheld, and their independence promoted. Staff understood the needs of the people they supported and staff practice demonstrated their commitment to providing good care. People were supported to maintain important relationships and had access to a health and social care professionals when needed.

People's needs were assessed prior to moving into St Andrews House. However, the provider's initial assessment tool did not create the opportunity to gather information about people's varied beliefs, values and life style choices. Some care records did not provide staff with the information they needed to provide personalised care. Action was planned to address this. People and relatives felt able to raise any complaints and concerns. People could choose to take part in a wide range of individual and group activities.

People and relatives were very positive about the service provided but felt improvement was needed to the

way the home was managed. Staff worked in partnership with other professionals to improve outcomes for people.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection: Good (report published July 2017).

This is the first time the service has been rated 'Requires Improvement'.

Why we inspected: This was a planned inspection based on the previous rating.

The registered provider was in breach of Regulations 6, 11, 12, and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enforcement: You can see what action we have asked the provider to take at the end of this full report.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe

Details are in our Safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective

Details are in our Effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was not always caring

Details are in our Caring findings below.

**Requires Improvement** ●

### Is the service responsive?

The service was not always responsive

Details are in our Responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not well-led

Details are in our Well-Led findings below.

**Inadequate** ●

# St Andrews House

## Detailed findings

### Background to this inspection

**The inspection:** We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

**Inspection team:** The inspection was conducted by one inspector, an assistant inspector and an Expert by Experience (ExE). An ExE is a person who has personal experience of using or caring for someone who uses this type of care service. The ExE who supported this inspection had experience of care of older people and those living with dementia.

**Service and service type:** St Andrews House is a care home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission. A registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

**Notice of inspection:** This comprehensive inspection took place on the 19 and 20 November 2019. Day one of our inspection was unannounced.

**What we did:** We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who work with the service. We used all of this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During our inspection visit, we spoke with eight people who lived at the home and three relatives. We spoke with the chair of the board of trustees, the charity secretary, two senior carer workers, four care staff and the cook.

We reviewed a range of records about people's care and how the service was managed. This included four people's care records and medicine records to ensure they were reflective of people's needs. Three staff personnel files to ensure staff had been recruited safely. We also sampled records relating to the management of the service including policies and procedures, quality checks and audits, complaints, staff training data and feedback about the service provided.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable Harm.

At the last inspection this key question was rated as Good. At this inspection this key question deteriorated to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Environmental risk was not safely managed. Wardrobes in people's bedrooms were not secured to the wall and windows that opened fully were not restricted as required. This meant the provider had not followed guidance issued by the Health and Safety executive in 2014 to ensure people's safety. Action was taken to address this during our visits.
- The risks associated with free standing electric fans in use in two people's bedrooms had not been assessed. One fan was turned on in the person's bathroom which created a significant risk. The fans were removed with people's consent during our visit.
- A ceiling mounted fire exit sign did not have a cover. This meant there was no directional signage for people, visitors and staff to follow to locate the fire exit in the event of an emergency.
- The carpet on one of the stairways was worn which created a slip, trip and falls hazard.
- Accidents and incidents were reported but action had not always been taken to reduce the risk of a reoccurrence. In October 2019 a staff member had fallen down some steep stairs because there was no 'warning sign'. We checked and found a warning sign had not been displayed. This showed lessons had not been learnt. A senior carer assured us this would be addressed.
- The provider's 'business continuity plan' was not up to date. The plan referred to the previous registered manager and the list of people who lived at the home was incorrect. This meant staff and the emergency services did not have the accurate information needed to keep people safe in the event of for example, a fire. This was updated during our visit.
- Recommendations in an external Fire Safety Risk Assessment dated 2017 had not been actioned, including the need for fire resistant shutters to be fitted between the kitchen and dining area within a timescale of three months. We saw this recommendation had been carried forward from a 2014 risk assessment. We immediately raised this with the charity secretary who assured us it would be addressed.

We found no evidence that people had been harmed however systems and processes were not sufficient to demonstrate risk to people's safety and the environment was effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following our inspection, we received confirmation from the charity secretary that actions had been taken to address the immediate risks we identified in relation to windows, wardrobes, outstanding actions from the fire risk assessment and slip, trip and falls hazards.

- Despite our findings people said they felt safe. One person told us, "Most of us (people) have alarms to wear

to alert staff, that makes me feel safe."

- Detailed risk assessments had been completed for most risks associated with people's care. For example, risk assessments for people who needed assistance to move around included the number of staff and equipment needed to support people safely. However, we saw a risk assessment had not been completed for a person who had diabetes. Whilst staff understood how to manage and reduce this risk a senior carer acknowledged this risk should have been assessed. This was addressed during our visit.
- Staff completed fire safety training.

#### Using medicines safely

- People's medicines were not always managed safely. We found some prescribed creams in use did not have the name of the person they were prescribed for or the date of opening recorded. This meant the provider could not demonstrate the cream was being used for the correct person and remained in date so it is effective. Senior carers acted to address this.
- Some people received their medicine through a patch applied directly to their skin. However, records had not been completed to show where on the body the patch had been applied. This is important to ensure application sites are rotated as per manufacturers guidance to prevent harm.
- Some people were prescribed 'as required' (PRN) medicine. There was no information to inform staff why the medicine had been prescribed or signs to indicate the medicine should be given. This is important to ensure PRN medicine is administered as intended by the prescriber. Action was taken to address this.
- The provider's medication policy did not include guidance on PRN protocols in line with The National Institute for Health and Social Care Excellence (NICE) guidance.
- People told us they received their medicines. One person said, "I have regular medication; they never forget to give it to me"
- Other medicines were stored, administered and disposed of safely. Medicines were administered by trained staff whose competency was regularly checked.

#### Preventing and controlling infection

- On the first day of our inspection we saw toilet rolls stacked on the top of toilet cisterns. Bins in toilets and people's bedrooms did not have lids or were not pedal operated. These practices increase the potential risk for cross infection.
- Infection control training for some staff was not up to date.
- Staff did not always follow good infection prevention and control practices. Soiled clothing and bags containing clinical waste had been left on the floor and some staff moved clinical waste bags without wearing disposable gloves. A senior carer acknowledged our findings and on our second visit confirmed these had been addressed with staff.

#### Systems and processes to safeguard people from the risk of abuse

- Staff demonstrated they understood their responsibility to keep people safe and most staff had completed safeguarding training.
- Care staff, whilst confident senior care staff would address any suspected or witnessed abuse, understood how to escalate their concerns if they thought they had not been.
- Senior care staff told us they understood how and when to raise any safeguarding concerns with the local authority and CQC in the absence of the manager.

#### Staffing and recruitment

- People said staff were not always available to meet their needs in a timely way. One person said, "At the moment there is not enough staff, for instance breakfast was late this morning." Another told us, "Lately, they are understaffed."
- Staff agreed with this view which they felt was the result of recent changes to the staff rota. They told us,



"We don't know what shifts we are doing, anymore. It's so confusing." and "Sickness is high as morale is low. When staff ring in sick we can't always get any agency cover, so we work short." This happened on the first day of our inspection because agency cover could not be arranged. Following our inspection, we were informed the provider had re-introduced the original staff rota so all shifts were covered and staff knew in advance when they were scheduled to work.

- Senior carers reviewed people's needs to plan staffing levels to reflect these.
- Staff had been recruited safely in line with the providers policy and procedure.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- At our two previous inspections we found the service was not working in line with the requirements of MCA. MCA assessments had not been correctly completed and DoLS applications had not been made for some people whose liberty needed to be restricted to keep them safe. At this inspection improvements had not been made.
- Staff had a limited understanding of why and how to complete mental capacity assessments. For example, an assessment had been completed for one person known to have capacity and an application to restrict the person's liberty had been incorrectly submitted to the local authority.
- A DoLS had been submitted to the local authority for another person prior to a capacity assessment being completed.
- The providers mental capacity assessment was not fit for purpose. This was because it did not include the two-stage test of capacity to determine if a person had capacity to make a particular decision.
- People's care plans did not clearly document if people had capacity to make specific decisions about different aspects of their care.
- MCA training for staff was not up to date. Despite this we saw staff worked within the principles of the Act by seeking people's consent prior to providing support.

Whilst we found no evidence people's liberty had unlawfully restricted the continued lack of effective processes and staff knowledge increased the risk this could occur. This was a breach of regulation 11 (Need

for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff support: induction, training, skills and experience

- People had confidence in the skills and knowledge of staff. However, staff training was not up to date. One staff member told us, "I have to be honest training is not up to date for a number of staff."
- Required pre-recruitment checks had been completed prior to staff starting work at the home. However, records indicated some staff had not completed an induction when they had started working at the home or following an internal promotion.

Supporting people to eat and drink enough to maintain a balanced diet

- People provided positive feedback about the food and drink available which supported them to meet their nutrition and hydration needs.
- People's care records included information about risks associated with eating and drinking and showed when needed specialist advice had been sought.
- Mealtimes were relaxed and unhurried. People chose where they sat, what they ate and drank.
- Staff were attentive and people who needed support to enjoy their meals received this in a calm and sensitive manner. People were provided with adapted cutlery, so they could eat independently. Meal options reflected people's individual preferences.

Adapting service, design, decoration to meet people's needs

- The environment was clean and homely. Areas in need of updating had been identified and plans were in place, for example to replace carpets.
- People had personalised their bedrooms with treasured items. One person invited us to, "Step into my lovely home."
- A lift enabled people to access the home's different floors and the width of hallways and doors enabled people who used mobility aids to move around freely. There was a range of communal areas and quiet spaces for people to use, including a well maintained and accessible garden.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law:

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People's needs were assessed before they moved into the home. However, the provider's assessment did not include asking people, for example if they preferred a male or female carer to provide personal care support. A senior carer assured us whilst this information was not recorded those questions were asked.
- People had access to a range of health and social professionals. During our visit some people were supported by their relatives to visit their dentist and other people received visits from district nurses.
- Staff regularly consulted with healthcare professionals and had developed good working relationships. A senior carer told us, "The GP trusts our judgment. If we say a resident needs to be seen they come out which provides a positive outcome resolution."

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has deteriorated to Requires Improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; equality and diversity

- People and relatives spoke highly of the staff who provided their care. They told us, "The care and thoughtfulness of the staff here is excellent." and "The carers here do care."
- However, people told us recently they did not always feel well supported. One person explained this was because, "There is not enough staff here at the moment. We all know it's not their fault." Another person told us, "The girls (staff) are so busy today. I feel sorry for them but it means we have to wait. This never used to happen before."
- On the first day of our inspection we heard one person tell a staff member they had been waiting over an hour for assistance to get out of bed. The staff member apologised and explained no staff were available to support the person because they were working one staff member short.
- Staff practices demonstrated people mattered. We heard one person say to a passing staff member, "Well, what do you think about the weather?" The staff member stopped, sat by the person and chatted about the wind and rain and the need to wear a warm winter coat.
- Staff enjoyed working at the home. One told us, "It's not a care home - it's a home from home. We have a laugh and a joke, we sit and have a chat. We treat them [people] like family."
- Staff had not completed equality and diversity training but demonstrated they understood and respected people's differences. Comments included, "The home is based on Christian values but everyone is welcome, everyone is respected and supported in the way that is important for them." and, "We promote inclusion in all aspects of the resident lives. We are very conscious in our actions and language to ensure everyone feels welcome."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was upheld. One person told us, "The staff always knock before entering my room." Another person described staff as 'very respectful' when assisting them with personal care.
- Staff supported people to be independent which had a positive impact on people's wellbeing. One person explained how the 'brilliant care' staff provided had enabled them to regain the ability to walk around the garden and to the post office without assistance. They added, "It's all due to the good care I am having here. They [staff] have encouraged me to be independent."
- People's personal information was managed in line with data protection law.

Supporting people to express their views and be involved in making decisions about their care

- People spent time where they wished and were encouraged to make choices about their day to day lives. Some people chose to spend time in their bedrooms whilst other people preferred to chat with other people

and friends in communal areas.

- Staff understood the importance of respecting people's choices and checked with people before providing support.
- People and where appropriate relatives were involved in planning and reviewing their care.

## Is the service responsive?

### Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has deteriorated to Requires Improvement. This meant people's needs were not always met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People told us staff understood how they preferred their care to be provided and were responsive to their needs. One person said, "I have a shower when I want. I just ask. I prefer a shower."
- Previously, we found care plans were detailed, personalised and up to date. However, this had not been maintained. For example, staff confirmed there were no care plans for one person who was diabetic and another person who had a mental health condition.
- Care plans contained some information about people's religious beliefs. However, other information about people's life style choices, values and preferences was limited. Senior care staff acknowledged this and gave assurance it would be addressed.
- Other care plans provided staff with the information they needed to provide personalised care.
- Despite omissions in records staff demonstrated they knew the people they supported well.

End of life care and support

- At the time of our inspection no-one at the home was in receipt of end of life care.
- Staff had not completed end of life training as detailed as being required in the providers 'End of Life Care Planning Policy and Procedure'.
- Despite the lack of training a senior carer told us, "We work closely with the GP and nurses. We would do everything to make sure a resident got the very best care at the end of their life."
- Care records did not include information about people's end of life wishes. This meant the provider could not demonstrate people's wishes were known so they could be respected. A senior carer acknowledged our findings and assured us this would be addressed.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People confirmed information was provided in a way they could understand.
- Staff understood how to communicate effectively with people.
- People had access to information in different formats including, pictorial and large print. A senior carer told us further formats were being developed.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People spoke very positively about the support they received to follow their interests and hobbies. For example, one person who loved singing had been supported to join a choir.
- A varied range of activities were planned and during our visits people took part in an exercise class, a quiz and church service. One person told us they chose to visit the home's chapel which was important to them.
- Family and friends were made welcome when they visited. We saw relatives being greeted warmly by staff in a friendly and familiar manner.

#### Improving care quality in response to complaints or concerns

- People and their relatives knew how to make a complaint and felt able to do so.
- A copy of the provider's complaints procedure was on display and included information about how to make a complaint and what people could expect if they raised a concern.
- Records confirmed no recent complaints had been received. Historic complaints had been managed in line with the providers procedure.

## Is the service well-led?

### Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

At our last inspection this key question was rated as Good. At this inspection the rating has deteriorated to Inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people: Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider had not demonstrated they had taken all reasonable steps to appoint a person (nominated individual) to supervise the management of service on their behalf. This is a condition of the provider's registration.

This was a breach of regulation 6 (Requirement where the service provider is a body other than a partnership) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had limited knowledge of legislation and their regulatory responsibilities. For example, they had not made a timely referral to the local authority safeguarding team following receipt of an anonymous safeguarding allegation.
- The provider did not have sufficient or accurate oversight of the service which meant some previously evidenced standards and areas of regulatory compliance had not been maintained, including the management of environmental risk and accidents and incidents.
- The provider did not have effective systems and processes in place to monitor the quality and safety of the service and to drive forward improvements. This meant the concerns we found had not been identified.
- The provider's policies and procedures were not fit for purpose. We found some policies and procedures did not reflect current best practice guidance. Others signposted staff to supporting information which could not be accessed because the provider had not maintained a licence to use the externally sourced quality management system.
- The home did not have a registered manager or stable management team. A manager and deputy manager had been appointed. However, they were not available during our inspection visits. Following our inspection, we were notified the manager no longer worked at the service.
- The provider had not ensured senior care staff received clear leadership, support and guidance in the absence of the manager and deputy manager to fulfil their roles effectively.
- People were satisfied with the service provided. However, they felt communication and the management of the home had deteriorated. One person said, "We haven't had a meeting. I don't know what's happening in my home." Records indicated the last meeting with people was held in August 2019.
- Relatives agreed. One told us, "Since the old manager left things have gone from one extreme to the other. Care is excellent but not other things. No one has explained the many changes or how these make it better



for the residents, which they don't."

- People's feedback had been obtained through a questionnaire in October 2018. However, the feedback provided had not been analysed or used to make improvements.
- Staff felt morale was low because changes made had not been communicated effectively to them, for example changes to staff rotas. One staff member said, "We just don't know what's happening, it's very confusing and unsettling. It seems we everything we do is rubbish. It's very hurtful." Records indicated the last staff meeting was held in July 2019.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate the service was effectively managed. This placed people and staff at risk of harm. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff spoke positively about the support they received from senior care staff. One staff member told us, "They've been absolutely fantastic. They have held this home together."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Working in partnership with others

- Senior care staff understood the need to be open and honest when things had gone wrong.
- Staff worked in partnership with health and social care professionals to promote people's physical health and well-being. The home had achieved accreditation to a pressure ulcer prevention scheme awarded by health and social care partners.
- During our inspection the chair of the board and senior carers were open and honest. They welcomed our inspection and feedback which they said would be used to make the required improvements. The chair of the board told us, "We will resolve to implement everything and we will not rest until we do."

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>Regulation 11 (2) (a) HSCA RA Regulations 2014 Need for consent.</p> <p>The provider had not ensured policies and procedures used to assess people's capacity reflected current legislation and guidance.</p> <p>The provider had not ensured staff had received the training and guidance they needed to assess people's capacity in line with the requirements of the MCA</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 6 HSCA RA Regulations 2014 Requirements where the service provider is a body other than a partnership</p> <p>Regulation 6 (1) (a) HSCA RA Regulations 2014 Requirement where the service provider is a body other than a partnership</p> <p>The provider had not taken all reasonably practicable steps to appoint a nominated individual to supervise the management of the service on their behalf.</p>

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Regulation 12 (1) (2) (a) HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had not ensured care and treatment was consistently provided in a safe way.</p> <p>The provider had not ensured risk associated with people's care and the environment was identified and assessed.</p> <p>The provider had not ensured timely action was taken and risk reduction measures introduced to minimise known risk.</p>

### The enforcement action we took:

NOP positive condition

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Regulation 17 (1) (2) (a) (b) (e) (f) HSCA RA Regulations 2014. Good governance</p> <p>The provider had not ensured they had effective systems in place to assess, check, monitor and improve the quality and safety of the service provided.</p> <p>The provider had not ensured they had effective systems in place to identify and assess risks to the health and safety and/or welfare of people who use the service.</p> <p>The provider had not ensured people's feedback was analysed and suggested improvements made</p>

**The enforcement action we took:**

NOP positive condition

without delay.

The provider had not ensured their governance systems remained effective.